

PRACTICE QUESTIONS

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Frequently Asked Questions

1. Do I have to renew my certification?

A: No. However some national companies or hospitals state that their employees will be licensed and certified. If you work for one of these companies you will need to maintain your certification. For more information about certification contact NBCOT at 301/990-7979 or www.nbcot.org

Those who decide not to renew can use the OT or OTA designation, as written in Chapter 369.

2. If I do not renew my certification what are the consequences?

A: You cannot sign yourself as OTR or COTA. Those designations are trademarked by NBCOT. If you do not renew you can continue to use your Texas license as OT or OTA.

3. Can I practice after I pass the NBCOT exam and am certified?

A: Not in Texas. You must have a license to practice occupational therapy in Texas in your hand and on the wall of your employer.

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1. Can I accept a referral from a nurse practitioner?

A: Yes. The professional association modified the OT Practice Act, TOTA in 1999 so that occupational therapists can take referrals from anyone who in their practice act may write script. That includes but is not limited to physicians, chiropractors, dentists, physicians' assistants, nurse practitioners, psychiatrists, podiatrists. This change went into effect in 1999. It will be written into the OT Practice Act when the legislature finished with the re-codification.

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1. What kind of supervision do I need to give someone with a temporary license?

A: Please read the OT Rules in §373.2, Supervision of a Temporary Licensee.

2. Do I have to send in my OTA Supervision Log

A: The current renewal forms ask that all therapists sign that they have completed their required continuing education and properly given or received the required supervision. The

Supervision Log is still maintained as a record of supervision, and if audited for it must be able to produce it or substantiate your supervision some way. But the Supervision Log does not need to be mailed to the board with the renewal.

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1. Please explain about OT services and ECI.

A: In Texas, when special instruction is medically necessary, it is now called developmental service (DS). CMS agreed to reimburse for DS as long as the child receiving the service had a medical necessity for developmental services and personnel on the interdisciplinary team included professionals from a medically related field. Medically related professionals include licensed physicians, registered nurses, licensed physical therapists, licensed occupational therapists, licensed speech/language pathologists, licensed professional counselors, and licensed master social workers-advanced clinical practitioners.

DS is a separate and distinct service. If appropriate, the licensed professional on the team may provide his or her own related professional service at the needed frequency and intensity, or refer to another appropriate medical provider whenever indicated through the IFSP process. A physical therapist may provide consultation and supports to a DS provider or deliver physical therapy directly, or both, depending on what the interdisciplinary team deems appropriate for a child. Depending on need, a child may receive both DS and PT and/or OT. DS does not replace physical or occupational therapy. Read [AOTAs information](#) on ECI.

2. What is the difference between my role as an OTR in an Early Childhood Intervention (ECI) setting and my role providing Developmental Services (DS)?

A: In an ECI program, an OT might do one of the following.

1. provide occupational therapy services to client families based on an OT assessment
2. serve as a case manager (called a Service Coordinator in early intervention program) to program client families (may or many not be the same families served in OT role)
3. Serve as a program supervisor, manager or administrator
4. provide training to other professionals
5. one of seven designated professionals (OT, MD, RN, PT, SLP, LPC, LCSW) who can provide Developmental Services (DS) monitoring or DS services for children participating in Early Childhood Intervention (ECI). The designated professional monitoring DS needs to attend or review any Individualized Family Service Plan (IFSP) for the child receiving DS and assess the child's needs at a minimum of once a year.

Children receive DS services as a result of the IFSP. Once the child's outcomes are developed by the team, which includes the parent(s), the team decides who would be the most appropriate person to assist the family with the outcome/strategies. Besides the Early Intervention Specialist (EIS) anyone of the seven professionals could provide DS services and, as an example, in some ECI programs an occupational therapist may provide 30 minutes of occupational therapy and 30 minutes of DS services. The DS services may be a more generalized fine motor session that would not necessitate an occupational therapist to provide. The EIS has an overview of general early development and training in working with families in the natural environment.

3. Can an Occupational Therapist write the Restorative Nursing Program for a patient?

A: The OT cannot run the restorative nursing program; but can make a recommendation for the patient to participate in the restorative nursing program and/or any specific recommendations for the patient as part of the discharge from skilled services.

4. Can the Occupational Therapy Practitioner sign off for an Activities Director?

A: No. The Activities Director is not providing occupational therapy services. Unless the Activities Director is working with a client, under the direct, on-site supervision of the OTR, and unless that client's activity is part of a prescribed OT plan of care, the OTR should not sign off on the Activities Director's services.

5. Can the occupational therapy assistant write the discharge?

A: "Only an OT or OTR has the authority to discharge patients from occupational therapy services." This is from §372.1 (f) Discharge. The OTA or COTA may collect the information for those patients he/she is working directly with and write it down. The OT or OTR must then carefully review the information, making whatever adjustments or addendums that are necessary, determining if goals were met or not, establishing any further needs of the patient in another continuum of care, and then signing off on the discharge. Simply signing the last treatment note is not sufficient, or a discharge.

Student Supervision

1. Does the Board regulate students?

A: §454.005 of the OT Practice Act excludes students from the requirements and obligations of the OT Practice Act. Therefore until a student gets a license, the Board OT Rules do not apply to students.

Questions about student supervision should first be directed to the student's college or

university's fieldwork supervision fieldwork coordinator or;

AOTA's website: <http://www.aota.org/Educate/EdRes/Fieldwork/StuSuprvsn.aspx>

[](#) Specific question may be addressed to: <http://www.aota.org/Educate/38106.aspx>

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